

CLAIMS ONLY							Application Number 10/081,736		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13	/						63					
14	/						64					
15	/						65					
16	/						66					
17	/						67					
18	/						68					
19	/						69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24	/						74					
25							75					
26	/						76					
27	/						77					
28	/						78					
29							79					
30	/						80					
31	/						81					
32	/						82					
33	/						83					
34	/						84					
35	/						85					
36	/						86					
37	/						87					
38	/						88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	10		2		1.		Total Indep					
Total Depend	16	←	9	←	10	←	Total Depend	←	←	←	←	
Total Claims	26		11		11		Total Claims					